State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91)

9

9

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Р	ease	print or type. (Form designed for use on elite (12-pitch typewriter).	and Fro	int of Pag	ge /			Sacramento, California		
	1	UNIFORM HAZARDOUS WASTE MANIFEST C A D 0 0 9 2 0	Docu	anifest ment No.	2. Pa o			e shaded areas by Federal law.		
	THE CHILD	REED & GRAHAM A. State Manifest Document Number 89578466								
		690 SUNOL ST. SAN JOSE, CALIFORNIA 95125 B. State Generator's ID					1 0	TOC		
0	NEW STREET	Generator's Phone (408) 287-1400 Transporter 1 Company Name 6.	***************************************							
1-807-852-7550		B O P INDUSTRIES						***************************************		
852		7. Transporter 2 Company Name 8. US EPA ID Number			E. State Transporter's ID					
6			11111	<u> </u>			F. Transporter's Phone			
CALL 1-		12512 E. WHITTIER RIVD				G. State Facility's ID CADD 1412121415TOO 11				
	TORON DESIGNATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PER	WHITTIER, CALIFORNIA 90602 C A D 0 4 2 2 4 5 0 0 1 (213) 698-0091								
×		11. US DOT Description (Including Proper Shipping Name, Hazard Class, a		12. Conta	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.		
	G	" HARAIC DOUS WASTE SCAIDS N	ics granz				1 L	State 352 EPA/Other		
	E N E	CRUSTED ASPLANT BUCKETS		007	Dhy	पराशिव ब	P	Morrer		
	R A	MA GIFG WASTE XIGUIDS	NOS GRM-12					State 35 7 EPA/Other		
24-6	T O R	· HAZARDOUS WASTE BENDS	ANALYS ANALYS	01/12	DWIC	JOHRO	<u>C</u>	Alai RCKN		
RESPONSE CENTER 1-800-424-8802		MAGING WASTE BELIEVE	NOS ORMAR	-,,				State 352 EPA/Other		
	at the same of the	d. HAZAKTONS WAST JOHNS		0146	DWI:	282810	P	Non 2007		
	CHECK	MASAKTONS WAST BONDS	ains ormina					352		
	TANKS TO A	12195 FZ ASSHORE SOLIDS		01312	DE	21020	P	EPA/Other 2CPD		
	100	J. Additional Descriptions for Materials Listed Above TROFILE +	15 BIOTAL	.	K. Hand a.	lling Codes for W	astes Lis b.			
25	NAME OF THE OWNER, OWNE	ITA WASTE OUTDIATED ZALUEUSIAN ATTHOUT LOTSULE						01		
	CONTRACTOR	TRUM 11-85974LON OUTK PHAKS 110 ASPHALT SCHITS ASTITISHED OUTEPACK 1110 CH DALLET 32-1/15 PARKED BUCKET ASPHALT 15 Special Handling Instructions and Additional Internations 15 Special Handling Instructions and Additional Internations 16 Special Handling Instructions and Additional Internations 17 Special Handling Instructions and Additional Internations 18 Special Handling Instructions 18 Special Handling Instructi					a.	01		
NATIONAL		15. Special Handling Instructions and Additional Information	- ASVA-		-					
빈			^	ſ						
CALL		Wend graves And Drate of	wir char	hing p	***************************************	· · · · · · · · · · · · · · · · · · ·				
ات	STANDARD	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and								
וווה בס	1787,520	national government regulations. If i am a large and divided the state of the degree I have determined to the degree I have determined.								
- 1	Over deposite	to be aconomically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I cm a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.								
MERICENCY		Printed/Typed Name	Signature	0//	,	111		Month Day Year		
-	T	17. Transporter 1 Acknowledgement of Receipt of Materials	Scott	Hete	Ul.	3/_		1011121911		
2	R	Printed/Typed Name	Signature		(Month Day Year		
5	N S P	B O R INDUSTRIES	TIRU	- -	_			012991		
TC NO	0	18. Transporter 2 Acknowledgement of Receipt of Materials								
-	R T E	Printed/Typed Name	Signature ,					Month Day Year		
= -	R	19. Discrepancy Indication Space				(Term-thy) to the second by th	-			
	FA							,		
	C		•					1.0		
	L	20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.								
	Ÿ	Printed / Typed Name	Signature //	()	0	1		Month Bay Year		
		1/PI NOSEN	Ser	$n \mid l$	11			P/11/9/1/		

DHS 8022 A (1/88)

EPA 8700-22 (Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

7 5 4 5 KL 4 5 1 1 1 1 1

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS